

STATUS REPORT

DO NOT WRITE IN THIS SPACE--FOR OFFICIAL USE ONLY  
ACCOUNT OR REF NUMBER:

PLEASE REVIEW THE INSTRUCTIONS ON THE NEXT PAGE BEFORE COMPLETING THIS FORM.

1. EMPLOYER or CORPORATION NAME		2. LA. WITHHOLDING NUMBER	
3. TRADE NAME or DBA NAME		4. FEDERAL EMP. I. D. NUMBER	
5. MAILING ADDRESS	P. O. BOX OR STREET	CITY	STATE ZIP CODE
6. FAX NUMBER			
7. PHYSICAL LOCATION IN LOUISIANA	STREET	CITY	STATE ZIP CODE
8. TEL. NO. (PHYSICAL LOCATION)			
9. NAME OF CONTACT PERSON WITH PAYROLL RECORDS		10. TEL. NO. (PAYROLL)	
11. NAME AND ACCOUNT NUMBER OF PREVIOUS OR EXISTING LOUISIANA ACCOUNTS		12. E-MAIL ADDRESS	
13. TYPE OF ORGANIZATION: Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> State <input type="checkbox"/> Date <input type="checkbox"/> Other <input type="checkbox"/> Government : Local <input type="checkbox"/> State <input type="checkbox"/> Funding type: General Appropriations <input type="checkbox"/> Self Generated <input type="checkbox"/> Mixed Funds <input type="checkbox"/>			
14. Are you a Professional Employer Organization or do you have a contract with a PEO? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", complete the information on the line below. Name of PEO: _____ Fed ID: _____ Date of Contract: _____			
15. LIST BELOW OWNER OF SOLE PROPRIETORSHIP, PARTNERS IN PARTNERSHIP, OR OFFICERS OF CORPORATION. (Attach separate sheet if necessary)			
NAME AND TITLE		SOC. SEC. NO.	RESIDENCE
			TELEPHONE
16. (A) REGULAR EMPLOYERS: Have you had or will you have total wages in a calendar quarter equal to or greater than \$1500? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", enter the Quarter _____ and Year _____ OR Have you had or will you have 1 or more employees for 20 weeks or more in a calendar year? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", enter the date of the 20th week with 1 or more employees. Month _____ Day _____ Year _____ (B) AGRICULTURAL EMPLOYERS: OR Did you employ 10 or more agricultural workers in 20 weeks in a calendar year? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", enter the date of the 20th week with 10 or more employees. Month _____ Day _____ Year _____ OR Did you have total wages in a calendar quarter equal to or greater than \$20,000? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", enter the Quarter _____ and Year _____ (C) DOMESTIC EMPLOYERS: OR Did you have total wages in a calendar quarter equal to or greater than \$1000? YES <input type="checkbox"/> NO <input type="checkbox"/> Domestic employers must elect to file Annually ____ or Quarterly ____ If "YES", enter the Quarter _____ and Year _____ (D) NONPROFIT EMPLOYERS: OR Do have a 501(c)(3) exemption from the Internal Revenue Service? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", you must attach a copy of your letter of exemption from the IRS to be considered a NONPROFIT EMPLOYER, If "NO", you are to answer 16(A). Did you employ 4 or more workers for 20 weeks or more in a calendar year? YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes", enter the date. Month _____ Day _____ Year _____			
17. LOCAL GOVERNMENT OR NON-PROFIT EMPLOYER: Indicate the method you elect to pay taxes: Taxable <input type="checkbox"/> Reimbursable <input type="checkbox"/>			
18. DATE ENTITY FIRST HAD EMPLOYEE(S) IN LOUISIANA: Month _____ Day _____ Year _____		18a. # OF EMPLOYEES _____	
19. LOTTERY RETAILER/CONTROL # _____		If "Yes", enter the date. Month _____ Day _____ Year _____	
20. ARE YOU LIABLE UNDER THE FEDERAL UNEMPLOYMENT TAX ACT (FUTA) YES <input type="checkbox"/> NO <input type="checkbox"/>			
21. DID YOU ACQUIRE ANY OF THE ORGANIZATION, TRADE, BUSINESS OR ANY ASSETS OF ANOTHER LOUISIANA EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		A. IF YES, DID YOU ACQUIRE * PART <input type="checkbox"/> ALL <input type="checkbox"/> OF THE LOUISIANA OPERATION?	
C. NAME OF ORGANIZATION ACQUIRED _____		B. IS THE BUSINESS ACQUIRED STILL OPERATING IN LOUISIANA? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22. ADDITIONAL LOUISIANA ORGANIZATION ACQUIRED		D. THEIR LA. UNEMP.INS.NO. _____ E. DATE ACQUIRED _____	
A. * PART <input type="checkbox"/> ALL <input type="checkbox"/>		THEIR LA. UNEMP.INS.NO. _____ DATE ACQUIRED _____	
B. Still Operating: YES <input type="checkbox"/> NO <input type="checkbox"/>			
23. IF YOU HAVE WORKERS PERFORMING SERVICES FOR YOUR BUSINESS WHO YOU CONSIDER TO BE INDEPENDENT CONTRACTORS, PLEASE READ #22 IN THE INSTRUCTIONS.			
24. DESCRIBE YOUR BUSINESS ACTIVITY. THIS INFORMATION WILL DETERMINE THE U.I. TAX RATE ASSIGNED TO YOUR BUSINESS. BE SPECIFIC! Select the major industry by putting an "X" in the box that applies, THEN list your main products or services in the space provided (i.e. full service restaurant, residential heating and air, internet publishing). If involved in more than one activity, show approximate percentage of revenues or sales for each activity. Attach a separate sheet if additional space is needed.			
Information <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/>			
Transportation & Warehousing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> RealEstate, Rental, & Leasing <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Management of Companies <input type="checkbox"/> Educational Services <input type="checkbox"/>			
Accommodation & Food Services <input type="checkbox"/> Professional Scientific & Technical Services <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Admin. & Support Waste Management & Remediation Services <input type="checkbox"/> Other Services except Public Administration <input type="checkbox"/> Public Administration <input type="checkbox"/>			
_____% ______% ______%			
Please provide us the name (print) and telephone number of the person who can supply additional information about your business activity.			
Name _____			
Telephone _____			
Are the above services primarily performed for other locations of your company? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If employees work from their homes (i.e sales representatives) please give the City, State and Zip Code.			
City _____ State _____ Zip Code _____			
If your business is made up of more than one establishment in LOUISIANA, please attach a separate sheet and list the physical location and employment count of each location.			

PROFESSIONAL EMPLOYER ORGANIZATIONS - Provide a list of each of your clients, with EIN/UI number. You will receive a quarterly Multiple Worksite Report to provide employment and wage breakouts for each client. If the client has more than one location, you will be required to provide the employment and wage breakout for each location. This is a mandatory report.

\* IN ORDER TO TRANSFER PART OF THE EXPERIENCE RATING RECORD OF THE PREDECESSOR, THE APPLICATION AND AGREEMENT FOR PARTIAL TRANSFER MUST BE SUBMITTED WITHIN 180 DAYS OF ACQUISITION.

Signature and Title

Phone No.

Date

## INSTRUCTIONS FOR STATUS REPORT

**Do not** submit this form, **until** you can satisfy one of these requirements:

- You meet one of the requirements in Number 16;
- or you answer yes to Number 19 and have employees in Louisiana;
- or you answer yes to Number 20;
- or you are either a local or state government employer.

1. Enter the legal employer name or full corporation name as it appears on your corporate seal. Do not use abbreviations unless the legal name uses the same abbreviation.
2. Enter your Louisiana Withholding Number or Louisiana Revenue Number.
3. Enter the name by which the business is known or Doing Business As (DBA) Name.
4. Enter your federal employer's identification number or FUTA number.
5. Enter the mailing address to which reports, notices and correspondence should be mailed by this Agency.
6. Enter fax number, if available.
7. Enter actual location of your business in Louisiana. This must be a Louisiana address. If employees work out of their home, give the City, State and Zip Code.
8. Enter the telephone number of your physical location.
9. Enter the name of person or company that prepares your payroll records or has knowledge of such records.
10. Enter the telephone number of person or company listed in Number 9.
11. Enter all Louisiana Unemployment Insurance (UI) account numbers, names and addresses if you have previously filed reports to Louisiana. Use separate sheet if necessary.
12. Enter e-mail address, if available.
13. Check the box to right of word that describes type of ownership. Louisiana will treat LLC's as a partnership unless IRS Form 8832 is attached for election of treatment. Enter state of incorporation and date of incorporation. If government, list whether local or state. If state government, check whether funding is entirely from the General Appropriations; Self Generated or Federal funds; or a mixture of General Appropriations and Self Generated.
14. If this status report is being filled out for a Professional Employer Organization (PEO), or if this employer has a contract with a PEO, check "yes." If "yes", give name of PEO, Federal ID number of PEO and Date of Contract. Note: All PEO's must register annually with the Department of Labor. Employers may be liable for unpaid taxes of the PEO.
15. List full name and title, Social Security Number, residence address, and telephone number of all owners, partners, or officers of the corporation. Attach separate sheet, if necessary.
16. Check A, B, C, or D. If you are a domestic employer, you must elect to file on a quarterly or annual basis. If you are a nonprofit employer, you must attach your 501 (c) (3). If you do **not** have a 501 (c) (3), you will be treated as a regular employer so answer 16 A. When you receive the 501 (c) (3), submit for consideration of nonprofit status. If approved, we will grant nonprofit status effective as of IRS's approval of such status.
17. If you are a local government or non-profit employer, indicate the method you elect to pay taxes:: Taxable (employer pays taxes on wages paid to employees at a computed tax rate) or Reimbursable (employer pays the actual cost of benefits paid to former employees).
18. Enter the month, day and year you first had employees who were paid wages in Louisiana.
- 18A. Enter the number of employees employed when your entity first began in Louisiana.
19. If applicable, enter your Lottery Retailer/Control Number assigned by the Louisiana Lottery Commission.
20. If "yes", enter the year you first became liable to FUTA.
21. **Assets are employees, operations, property, trade name, etc.** If yes, you must answer A, B, C, D and E. If you acquired part of a Louisiana employer, the Application and Agreement for Partial Transfer must be submitted within 180 days of the acquisition. You may obtain this form by calling our office, 225-342-2944, or via the Internet at [www.laworks.net](http://www.laworks.net).
22. Did you acquire more than one Louisiana operation? If yes, answer 20 A, B, C, and D. Use separate sheet if necessary.
23. If you have workers who you consider to be self-employed or independent contractors, please review the following to be sure you are in compliance with the law. Louisiana Employment Security Law provides that services performed by an individual for wages or under any contract of hire shall be deemed to be taxable employment unless and until it is shown that: 1. Such individual has been and will continue to be free from any control or direction over the performance of such services both under his contract and in fact; and 2. Such service is either outside the usual course of the business for which such service is performed, or that such service is performed outside of all the places of business of the enterprise for which such service is performed; and 3. Such individual is customarily engaged in an independently established trade, occupation, profession or business.
24. Be specific when describing your business and make sure you provide name and telephone number of person that can be contacted for additional information.

Sign your name, list title, phone number and date.

Mail or fax Status report form and any attachments to address or fax number on front of form.